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PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

1988 REPORT

To the Minister of Social Services
The Honourable Connie Osterman

89-05201/

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EXECUTIVE SUMMARY

This 1988 report, in addition to containing a review of the Council's activities during 1988, discusses and makes recommendations in Section I on nine issues of concern:

- The need for more education about aging, particularly among members of the general public: the Council intends to establish a steering committee to develop a plan of action.

- Support for family caregivers: government policy should give priority to support family care; provide information for, and consult with, families; develop respite programs; provide financial assistance when appropriate; look at changes in zoning regulations.

- Outreach services for older people, in particular for those who may be more isolated: Alberta Mental Health Services and the Alberta Alcoholism and Drug Abuse Commission should develop programs that reach out to older people in need of help.

- Adequate assessment, treatment and care for older persons with dementia: the development of psychogeriatric assessment resources in all mental health regions is needed; the use of alternative forms of care such as small group homes should be considered; research on the prevalence of dementia in older people living in the community should be carried out.

- Guardianship and trusteeship: there is a need for a uniform assessment for the certification of incompetency; consideration should be given to alternatives to legal guardianship/trusteeship and to court procedures for the appointment of guardians/trustees; the Office of the Public Guardian should have medical consultation available to it.

- The special needs of older people from various ethnic backgrounds: ethnic groups should be encouraged to develop programs for their seniors; ethnic seniors should be used as speakers to explain the richness of their cultures; agencies working with seniors should recruit volunteer translators; government offices should provide relevant publications to ethnic organizations so that they can then provide needed information to their seniors.

- Older Natives: the Council intends to establish a standing committee to examine concerns relating to elderly Natives.

- Services for older mentally handicapped people: discharges from institutions should be carefully planned and monitored, and attention paid to social integration and quality of life.

Section II includes a short article which discusses how attitudes about aging and older people affect the way in which support is provided. It emphasizes that misconceptions and lack of understanding about aging often result in the provision of inappropriate services which cause unnecessary dependency.

This section also contains information from the

Council's brief to the Premier's Commission on Future Health Care for Albertans. Briefly, the Council's goals for effective health care for older people are:

- to maintain older people in as good health as possible, helping them to cope effectively with chronic illness, and maintain as much autonomy and control as possible over their lives.
- to reduce the number of admissions of older people to hospitals or other institutions and provide support to maintain them in the community.
- to improve the quality of life of those older people for whom there is no other choice but to be in hospital or in institutional care.

In this section the Council also outlines the various components needed for an effective health delivery system for older people in the future.

Meeting the needs of the elderly is one of the major challenges facing our health services. It is an area ripe for initiatives and innovations. Alberta has done much to date and can, in the future, provide leadership in meeting the challenges and opportunities of an aging population.

In Section III the Council reports on the grants-in-aid of research on aging which have been provided, on its recommendation, since the program started. It expresses the concern that a major provider of research funds in Alberta, the Alberta Heritage Foundation for Medical Research, funds only basic research. It urges that the objectives of the foundation be expanded so that it may cover a wider range of research concerns, including applied research which relates more directly to the lives of older people.

LIST OF RECOMMENDATIONS

Family caregivers – supporting them effectively

RECOMMENDATION 1

To the Minister of Health

We recommend that government policy acknowledge the essential role the family has in providing care to frail and disabled older persons; we therefore recommend that the government ensure that care by the family is given priority unless otherwise indicated by the wishes of the person receiving care, the unwillingness or inability of the family, or the public cost if it is more than the cost of appropriate institutional care.

RECOMMENDATION 2

To the Minister of Health

We recommend that health care agencies working with older people recognize and increase their capability of being supportive to families involved in caregiving. This could include hospital discharge planning in consultation with the patient and his/her family; making available information about community support groups; and assistance by home care workers to support, inform, educate and counsel family caregivers.

RECOMMENDATION 3

To the Minister of Health

We recommend that programs to relieve caregivers, such as respite care in home and institutions, day programs, day hospital care and night care assistance, be further developed.

RECOMMENDATION 4

To the Provincial Treasurer and to the Minister of Social Services

We recommend that financial support programs be considered for caregivers who are unable to work because of caregiving responsibilities and whose income and assets would make them eligible for such financial aid. This could be done either through tax concessions by both the provincial and federal governments or by income security programs, such as providing social allowance to relatives rather than only to spouses who are presently eligible.

RECOMMENDATION 5

To the Minister of Advanced Education and to the Minister of Health

We recommend that universities and other post-secondary educational institutions, as well as home care, be encouraged to include in any educational programs on aging aspects of family caregiving for older adults.

RECOMMENDATION 6

To the Minister of Municipal Affairs

We recommend consultation with municipalities to assist them in reviewing and changing zoning regulations that prevent families from maintaining a closer helping relationship with older relatives or friends. Zoning regulations often prevent the use of garden suites and in-house suites. These zoning regulations could be lifted on an individual and temporary basis, in particular for garden suites.

Outreach – for older people, particularly those who may be more isolated

RECOMMENDATION 7

To the Minister of Health

We recommend that Alberta Mental Health Services review its service delivery to ensure that mental health care is available on a home care (outreach) basis for older people with mental disorders who can be cared for in their own homes.

RECOMMENDATION 8

To the Minister of Health

We recommend that the Alberta Alcohol and Drug Abuse Commission develop programs for older Albertans with substance abuse problems.

Dementia – adequate assessment, treatment and care services for older people with this problem

RECOMMENDATION 9

To the Minister of Health

We recommend the following in regard to older persons with dementia:

- That a study of the prevalence of dementia in elderly persons living in the community be carried out, in conjunction with any federal initiatives;
- That psychogeriatric assessment resources should be developed in all mental health regions;
- That consideration be given to the development of small group homes as one care alternative for older people with dementia.

Guardianship and trusteeship

RECOMMENDATION 10

To the Minister of Social Services and to the Alberta Attorney General

We recommend the following concerning guardianship/trusteeship:

- That there be a uniform, comprehensive assessment tool used in the determination of incompetency and the need for guardianship and/or trusteeship, both public and private, in conjunction with the form completed by a physician or psychologist.

  The Alberta Assessment and Placement Instrument (AAPI), which has been developed and is being used in the single point of entry pilot projects, could be used with a slight addition. Consideration could be given to having this assessment procedure carried out by the home care staff. While this would add to their workload, it would not result in the development of a whole new service to carry out this procedure, and the procedure would be linked with a community-based service which is aware of available and appropriate resources;

- That the form used for the certification of incompetency be much more specific and detailed, stating what the physician or psychologist observes directly, as well as what has been reported by another individual such as a professional person or family member;

- That the office of the Public Guardian have medical consultation available to it;

- That alternatives to legal guardianship/trusteeship, such as enduring power-of-attorney legislation, be explored;

- That consideration be given to examining ways of appointing guardians/trustees other than through court procedures, in order to find a means with lessened formality, cost and intrusion.

Older people of various ethnic backgrounds

RECOMMENDATION 11

To the Minister of Culture and Multiculturalism

We recommend that the Alberta Multiculturalism Commission incorporate the following in its program:

- That ethnic groups be encouraged to develop programs which are relevant to the needs/concerns of their seniors;

- That schools and other groups use ethnic seniors as guest speakers and guest teachers to explain the richness of their individual cultures, and in this way contribute to the preservation of their heritage.

RECOMMENDATION 12

To the Minister of Health and to the Minister Responsible for Housing

We recommend that agencies working with seniors, including nursing homes, lodges, seniors' residences and home care, recruit volunteers among members of ethnic groups who can be available as translators.

RECOMMENDATION 13

To all Government Ministers Responsible for Programs for Seniors

We recommend that all government departments with programs for seniors be encouraged to provide ethnic organizations in the province with relevant publications. This would assist the organizations in presenting this information in the language which can best be understood.

Older mentally handicapped people

RECOMMENDATION 14

The the Minister of Social Services

We recommend that those institutions discharging older mentally handicapped persons to community living consider the following:

- That each discharge be carefully planned and monitored;
- That there be skill training before people are discharged, and that this skill training be continued after discharge with ongoing contact with the older person;
- Discharges should be withheld until safe and secure plans have been developed; furthermore, it is essential that attention be paid to social integration and quality of life in developing discharge plans.

PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL TERMS OF REFERENCE

Purpose

1. To represent the views and concerns of elderly persons in Alberta.
2. To foster positive attitudes towards aging and a better understanding of the elderly.
3. To advise the government on specific policies and programs for senior citizens with regard to priorities and the coordination of programs.
4. To review and advise on educational, research and special project grants in relation to senior citizens.
5. To carry out other responsibilities at the request of the government.

Meetings

- The Council will meet at least four times a year.

Reporting

- The Council will submit an annual report to the Minister responsible for the Council at the end of each calendar year and submit any other reports to the Minister deemed appropriate.

Remuneration of the Chairman and Members of Council

- Honoraria and out-of-pocket expenses will be paid according to the appropriate schedule established by Ministerial Order.

Secretariat

- The Director of the Alberta Senior Citizens Secretariat and the resources of the office will be available to the Council.

Membership

- The Chairman will be a member of the legislature appointed by government.
- One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association and, on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.
- Eleven members representing the community.

MEMBERSHIP OF COUNCIL 1988

Front row, left to right: *Marilyn Daines, Iola Johnston, Erna Goertzen, Harry Alger MLA Highwood and Chairman, Sister Jean Golden, Lynne Sangster.* ***Back row, left to right:*** *Christopher Armstrong-Esther, Mary Norman, Noel Butlin, Richard Cherry, Bette Purves, Edward Fee, Robert Kernaghan, Donna Rose.*

Donna Rose, *Bassano*
vice-chairman, representing the rural areas

Mrs. Rose is serving her third term as a trustee of the Bassano General and Auxiliary Hospital and is vice-chairman of the board. She is a member of the Alberta Hospital Association board of directors and is serving on several committees of the association. Currently she is chairman of the board of directors of the Community Resource Centre of Medicine Hat. Mrs. Rose has been active for the past 30 years in the Canadian Girls in Training (CGIT) Association. She is a member of the Alberta CGIT, representing the Presbyterian Church, and the Presbyterian representative for the Western provinces to the National Canadian Girls in Training Association.

Christopher Armstrong-Esther, *Lethbridge*
representing the universities

Professor Armstrong-Esther is a professor of nursing with the Faculty of Nursing, University of Lethbridge, and an adjunct professor of gerontology with the Faculty of Medicine, University of Alberta. Professor Armstrong-Esther was educated in the United Kingdom, receiving his B.Sc. at the University of Newcastle and his Ph.D at the University of Surrey. His principle interests are in the care of the elderly and in rehabilitation. Since 1983 when he came to Lethbridge, he has worked with the People First Society, the Handicapped Society, the Green Acres Foundation, St. Michael's Hospital and the Lethbridge Health Unit. He has also done some special research work with the Blood Indian Band.

***Noel Butlin,** Calgary*
representing the Calgary area

Mr. Butlin, a native Calgarian, is an electrician. He was an active member of the International Brotherhood of Electrical Workers, holding several positions with the union, among them president and assistant business manager. He has served on several trade-related boards, including the Provincial Apprenticeship Board, the Master Electrician Examining Board (Alberta), and the Canadian Electrical Code Advisory Board. Mr. Butlin has been retired for several years now and is enjoying his retirement.

***Richard Cherry,** Edmonton*
representing the Alberta Medical Association

Dr. Cherry obtained his medical education at McGill University and his post-graduate medical education at the University of Alberta. His specialty is family practice. He has been on the staff of the Faculty of Medicine, University of Alberta and developed the residency in family practice. He is currently the Chief of Medical Staff of the Edmonton and Area Auxiliary Hospital and Nursing Home District #24, and is also the team physician for the Edmonton Eskimos, a position which he has held since 1970. Dr. Cherry is a member of the Alberta Medical Association Committee on Aging, the Alberta Geriatrics Society and the American Geriatrics Society.

***Marilyn Daines,** Innisfail*
representing the Red Deer area

Mrs. Daines obtained her education at Red Deer College and has continued to take courses with a social and psychological focus. She has a background in business, but her interest in seniors developed because of her employment in an extended care centre. She worked as a recreation therapist and as an assistant director of volunteers. She also has been active as a volunteer. Currently Mrs. Daines is a director of Region 7 of the Alberta Council on Aging. She is also a member of the Red Deer Community Action Group for Seniors. Mrs. Daines is also involved in her family's several agricultural-related businesses.

***Edward Fee,** Killam*
representing the Alberta Hospital Association

Mr. Fee was involved in radio work, and during World War II served as a communications instructor with the Canadian army. After the war, he and his brother took over the family hardware business in Killam. Mr. Fee has been active in a number of community services. He has served on the district recreation board. He is a member of the Chamber of Commerce, the Royal Canadian Legion, and a member and past president of the Alberta Hospital Association. Mr. Fee is an elder in the Presbyterian Church and is chairman of the Killam Auxiliary Hospital and Nursing Home District.

***Erna Goertzen,** Coaldale*
representing the Lethbridge area

Mrs. Goertzen has been involved in numerous volunteer activities such as the Home and School Association, the recreation board, the library board and many church-related organizations. As a member of the Coaldale Town Council, she represented the town on the board of directors of the Green Acres Foundation for seven years. During that time the lodges and self-contained units were built in Coaldale and Picture Butte. She is presently second vice-president of the Alberta Pensioners and Senior

Citizens Organization and a board member of the Coaldale Senior Citizens Drop-In Centre.

Jean Golden, *Canmore*
representing the rural areas

Sister Golden has worked for a number of years with older people in Calgary's inner city, developing outreach services to more isolated seniors. As a result of her involvement, she assisted in the development of a needed housing project for older people in that area. Several years ago she traveled to Europe for a six-month period, visiting services for older people and the handicapped, and prepared reports for the Departments of Housing and Social Services. One report dealt with the needs of seniors and the other with the needs of the handicapped. She was on the board of directors of the Calgary Housing Authority and a member of the Nursing Home Review Panel. She is a member and past board member of the Alberta Council on Aging. Currently she is serving on the board of directors of the Trinity Foundation which operates several apartment complexes for seniors in Calgary and is a board member of the Outreach Program to Eastern Core Seniors in Calgary. She is also on the Advisory Board for the Father Lacombe
Nursing Home in Calgary, and is a member of the Ad Hoc Committee on Substance Abuse and the Older Adult, Alberta Association on Gerontology.

Sid Holthe, *Elk Point*
representing the rural areas

Mr. Holthe was a teacher, school principal, municipal secretary and farmer. During World War II he served in the Canadian Army (active). He is involved in many community service activities. He is a member and past chairman of the Elk Point Canada Day Committee, the Elk Point and District Further Education Council and the Elk Point Historical Society. He is also a member of the Chamber of Commerce, the Royal Canadian Legion, the Economic Development Committee and the St. Paul Regional Advisory Committee for Lakeland College. Mr. Holthe is active in senior citizens' organizations. He is a member of the Elk Point Seniors' Pioneer Circle, a member and former president of Zone 7 of the Alberta Senior Citizens Sport and Recreation Association, an appointed member of the Alberta Council on Aging Networking Committee and vice-chairman of the Elk Point Seniors' Needs Survey Committee.

Iola Johnston, *Grimshaw*
representing the Grande Prairie area

Mrs. Johnston is a retired school teacher. She has continued her interest in teaching through working as a volunteer tutor with a handicapped young adult, under the auspices of an adult education program of Fairview College. Mrs. Johnston has been involved in a variety of community organizations, including the Women's Institute, the Home and School Association, the Recreation Board, her church and several senior citizens' groups. She is a member and past board member of the Alberta Council on Aging. Mrs. Johnston was named Senior Citizen of the Year in 1986 in her community.

Robert Kernaghan, *Edmonton*
representing the Edmonton area

Mr. Kernaghan served in the Air Force during World War II. He was employed as an accountant for the United Grain Growers for 36 years and retired five years ago. Mr. Kernaghan is the editor of the Edmonton branch of the Royal Canadian Legion newspaper. He is a board

member of Pilgrim United Church in Edmonton. Mr. Kernaghan is involved extensively in volunteer work. Among other activities he assists older people with transportation.

***Mary Norman,** Stony Plain*
representing the Edmonton area

Mrs. Norman was employed by the Department of Agriculture for a number of years. For 22 years she was the administrator of the senior citizens' self-contained units and lodges in Drayton Valley and Stony Plain and, for 21 years, the secretary-manager of the Stony Plain Chamber of Commerce. She is currently a member of the chamber and is involved with the Stony Plain Legion, the Women's Institute and the Multicultural Heritage Centre. Mrs. Norman is currently involved in a number of volunteer services related to seniors. One of her major volunteer occupations is working with the older people who are residents of the nursing home in her community.

***Bette Purves,** Calgary*
representing the Calgary area

Ms. Purves has a B.Sc. in Home Economics from the University of Manitoba and has taught all phases of home economics for grades seven to 12. She has worked for the Manitoba government and the federal government. She has been involved in pre-retirement planning education and the seniors' health promotion program "Fully Alive," a project of the Alberta Council on Aging. Ms. Purves has been on the executive of several community organizations and is a past-president of the Alberta Home Economics Association and Calgary Meals-on-Wheels.

***Lynne Sangster,** Medicine Hat*
representing the Medicine Hat area

Mrs. Sangster received her education in British Columbia and has worked for both the federal and provincial governments. She is currently employed in the Community Services Division, City of Medicine Hat. Mrs. Sangster has been active in work with volunteers and seniors. She was assistant coordinator of Veiner Centre, the senior centre in Medicine Hat, where she developed and supervised programs. In that capacity she developed the Medicine Hat Meals-on-Wheels program. Mrs. Sangster is a trustee of the Medicine Hat Regional Hospital. She is chairman of the finance committee of the hospital board and is serving on the projects, patient care and by-laws committees.

REVIEW OF ACTIVITIES DURING 1988

1988 has been an active and full year for the Council. In addition to holding four meetings of the Council as a whole, various ad hoc subcommittees met to study and review a number of issues identified by members, all of which are covered in this report.

At our Council meetings we were fortunate to have the opportunity to meet with the Honourable Connie Osterman, Minister of Social Services, to whom we report, the Honourable Ken Rostad, Solicitor General and Minister Responsible for Housing, the Honourable Nancy Betkowski, Minister of Health, Mr. Lou Hyndman, Chief Commissioner, Premier's Commission on Future Health Care for Albertans and Dianne Mirosh, Member of the Legislative Assembly for the Calgary-Glenmore constituency and Chairman of the Committee on Long-Term Care for Senior Citizens. Representatives from the Health Unit Association of Alberta, the Alberta Association on Gerontology, the Premier's Council on the Status of Persons with Disabilities, Christian Senior Citizens Homes Society of Northern Alberta, and two provincial government departments attended meetings to tell us about their work. We also met with Dr. Peter McCracken, geriatrician with the Youville Geriatric Services, Edmonton. We welcomed these opportunities to discuss our ideas and recommendations with ministers of the government and to learn of various aspects of work related to older people.

A special highlight of the year was the third annual Provincial Senior Citizens Week which was held June 5th through 11th. This week, spearheaded by the Council, had the theme, "SENIORS – Active in the Community." A major objective of the week was to emphasize to the public at large that older people contribute to their families, to each other and to their communities and to create a more positive image of aging and older people. On June 6th members of the Council and older people from various parts of the province attended a session of the legislative assembly and were introduced by our chairman, Harry E. Alger, the MLA for the Highwood constituency.

Mr. Alger was a member of the Committee on Long-Term Care for Senior Citizens. It held many meetings and received many briefs, and in February of 1988 released its report with significant and far-reaching recommendations regarding long-term care services, their organization and delivery. This past year we reviewed and prepared a response to the report, "A New Vision for Long-Term Care – Meeting the Need." Appendix A contains the executive summary of the response.

We also submitted a brief and a presentation, both written and in person, to the Premier's Commission on Future Health Care for Albertans, which incorporated our concerns about long-term care and other health care services.

This year saw a major new initiative, a "new approach," in which each member of the Council is making an increased effort to become better acquainted with the various seniors' organizations and services in his or her region.

A standing subcommittee reviewed applications for grants for research on aging, education and special projects related to aging. These grants are provided from the unallocated grant funds of the Alberta Senior Citizens Secretariat. A number of the applications were recommended for approval.

1988 was a busy and productive year in which we built on the work begun in 1987 under the chairmanship of Mr. Alger. It is hoped that in the coming year we can continue to strengthen our efforts to respond to, and effectively express, the interests and concerns of the older people of Alberta.

INTRODUCTION: OVERVIEW OF THE REPORT

In our 1987 report we presented an overview of our "directions for the future" for the older people of Alberta. These directions were based on our statement of philosophy (Appendix B) which emphasizes independence and choice, continued participation in family and community life, involvement of older people in planning services and the provision of education about aging.

The increasing and projected growth of the senior population has provided, and still provides, more than adequate rationale for the need to consider seriously past approaches and look at new approaches for the senior population. The number of persons age 65 and over, estimated by the Alberta Bureau of Statistics to be 205,300 in January 1988, is projected to triple to 600,900 by 2026.[1]

In 1987, we made suggestions for "developmental and preventive" directions, stressing programs and policies which encourage activities and community involvement to help seniors to continue being a vital part of society. The directions for supportive and protective services included the issue of giving assistance to older people and to their families and friends by providing a broader range of community care. The importance of emphasizing restoration of functioning and rehabilitation in both community and institutional care was stressed as well as the need for education of professionals working with older people and the need for research.

This year we are building on the directions in the 1987 report. Section I examines a number of specific issues in more detail. Section II looks at health services for older people and includes a short paper on attitudes toward providing care. Section III describes the research projects which have been or are being carried out with funding from the Alberta Senior Citizens Secretariat, on the recommendation of our Council.

SECTION I

1988 ISSUES

Education about aging – promoting successful aging

In the coming year we will establish a steering committee on education about aging. Some of its deliberations will include:

- Working with the Alberta Council on Aging committee of retired teachers to develop a way of increasing information about aging and older people among children and youth;
- Reviewing programs related to aging in Alberta's post-secondary educational institutions;
- Looking at ways to develop a media campaign to increase positive understanding/attitudes about aging, liaising with federal government initiatives and other provincial initiatives;
- Increasing the media coverage for Senior Citizens Week and evaluating the effectiveness of the week;
- Sponsoring a conference on research on aging during Senior Citizens Week;
- Developing community forums on aging, cooperating with the efforts of the Senior Consultants' Program of the Alberta Council on Aging;
- Assisting in publicizing and distributing the short papers and brochures on aging prepared by the Alberta Senior Citizens Secretariat;
- Encouraging health units to increase and expand their work with seniors;
- Encouraging health units to increase publicity about their services;
- Encouraging health units and other local health and social service agencies to expand innovative ways of reaching seniors, for example, by holding blood pressure clinics in shopping malls.

We need an educational campaign to change general attitudes and beliefs about aging and older people by increasing understanding about the physiological, social, psychological and spiritual aspects of aging and, in particular, successful aging. This increased understanding about the real needs of older people would thereby be reflected in our behavior toward older citizens and in our programs and social policies.

The purpose of an educational campaign would be to create, gradually, in Alberta an environment that recognizes and uses the contributions of older people, that involves them in family and community life and that, if assistance is needed, ensures that such assistance is provided in a way that enhances independence, rather than creating dependence.

Information must be communicated effectively to

the public about the life changes and lifestyle options and, as well, about the benefits and services that can add to people's independence. By creating an environment that supports the autonomy and independence of people, an educational campaign would assist all to cope more effectively with age-related changes and help dispel the fears about aging that often become self-fulfilling prophesies.

We have identified the following target groups for an educational campaign and will be suggesting approaches for each group:

- Children/youth
- Health care professionals
- Other professionals and business people
- The faith community
- The general public, including seniors themselves.

Family caregivers – supporting them effectively

In preparing these recommendations, the Council commissioned a background paper, "Support Services to Family Caregivers," which looks at various issues relating to support for family care providers, the various types of support now available in Alberta and those that are needed. This paper may be obtained from the Alberta Senior Citizens Secretariat.

The Council believes it is essential to support families, if necessary, when they are providing care for elderly relatives/friends. As we said in our 1987 report:

> *This is not only more economical, it is more humane and would put into action the expressed conviction of many Albertans (and the government) that family life should be strengthened.*

As we look at support for elderly persons from relatives/friends, it is important to remember that older people give as well as take and that they often provide much support and help to others.

During this year the government released a policy paper, "Caring and Responsibility," which emphasizes individual and family responsibility. The Premier of Alberta also has stated his conviction that the family is the keystone of our society and the core on which social policy should be based. However, the provision of support services to family care providers of o' ier persons has experienced only minimal development. Service development in Alberta has focused primarily on the older person in need and on institutional care. We noted that, even in the excellent report, "A New Vision for Long-Term Care–Meeting the Need," the important role of family care providers in service provision is not mentioned when coordination of services is discussed.

It is recognized that some families, for a variety of reasons, physical and/or emotional, are not in a position to help without assistance. Also, some older people do not want help from their families. However, from experience we know that many families would like to help, and in fact are providing care, but they are understandably fearful, for with no assistance the well-being of other members of the family may suffer. Maintaining an elderly person in the community should not be done at the expense of other members of the family.

There is a widespread fear that providing some assistance to family members may result in their doing less for their elderly relatives/friends. However, both from research and experience it has been found that providing help to family caregivers supports them in their caring, lessens their stress, enables them to maintain a supportive relationship over a longer period of time and lessens the need to institutionalize elderly relatives/friends.

The following recommendations are based on our concern that we need to strengthen family life and support for our older citizens. It is our hope that municipalities, also, will be encouraged to use some of their Family and Community Support Services funding to develop caregiver support groups, friendship banks, resource development and educational programs in caregiving.

RECOMMENDATION 1

To the Minister of Health

We recommend that government policy acknowledge the essential role the family has in providing care to frail and disabled older persons; we therefore recommend that the government ensure that care by the family is given priority unless otherwise indicated by the wishes of the person receiving care, the unwillingness or inability of the family, or the public cost if it is more than the cost of appropriate institutional care.

RECOMMENDATION 2

To the Minister of Health

We recommend that health care agencies working with older people recognize and increase their capability of being supportive to families involved in caregiving. This could include hospital discharge planning in consultation with the patient and his/her family; making available information about community support groups; and assistance by home care workers to support, inform, educate and counsel family caregivers.

RECOMMENDATION 3

To the Minister of Health

We recommend that programs to relieve caregivers such as respite care in home and institutions, day programs, day hospital care and night care assistance be further developed.

RECOMMENDATION 4

To the Provincial Treasurer and to the Minister of Social Services

We recommend that financial support programs be considered for caregivers who are unable to work because of caregiving responsibilities and whose income and assets would make them eligible for such financial aid. This could be done either through tax concessions by both the provincial and federal governments or by income security programs, such as providing social allowance to other than spouses who are presently eligible.

RECOMMENDATION 5

To the Minister of Advanced Education and to the Minister of Health

We recommend that universities and other post-secondary educational institutions, as

well as home care, be encouraged to include in any educational programs on aging aspects of family caregiving for older adults.

RECOMMENDATION 6

To the Minister of Municipal Affairs

We recommend consultation with municipalities to assist them in reviewing and changing zoning regulations that prevent families from maintaining a closer helping relationship with older relatives or friends; zoning regulations often prevent the use of garden suites and in-house suites. These zoning regulations could be lifted on an individual and temporary basis, in particular for garden suites.

Outreach for older people, in particular those who may be more isolated

During 1988, the Council commissioned a survey of outreach programs in 119 organizations in the province. The response was excellent, with 97 questionnaires returned. The commitment of these organizations in ensuring that older adults have access to services and the opportunity to participate as fully as they can in community life was evident from the replies.

Needs expressed in the responses have led to a number of recommendations which are being directed to the organizations. In preparing these recommendations we have developed a discussion paper, "Outreach to Alberta's Aging Population," which is available from the Alberta Senior Citizens Secretariat. Outreach providers will receive the paper without requesting it. The survey and survey results are included in the paper as well as the recommendations.

The survey indicated that there is widespread interest in receiving information, a desire for educational opportunities and some means of contact such as a newsletter among outreach organizations.

To respond to these interests, the Alberta Senior Citizens Secretariat will assist an inter-agency group to develop a workshop on outreach. The Secretariat will also welcome information from organizations about outreach issues and distribute these either through the Fact Sheet or by passing information on to the appropriate organization. In addition, the Secretariat may either develop its own consulting capacity or have a list of consultants available to work with outreach organizations on program review and practices that would be helpful in contacting seniors.

To ensure that resources are used effectively and people are served appropriately, the Provincial Senior Citizens Advisory Council, in recommending on applications for research on aging, will give priority to research proposals which examine questions related to outreach to older persons.

Some outreach organizations, out of necessity and with dedication and hard work, have developed skilled services, sensitive to the needs of hard-to-reach older people such as those who are alcoholic and those who are mentally ill.

Government departments and government-sponsored organizations can assist in developing services and initiatives to supplement and support already existing programs and to develop new ones.

RECOMMENDATION 7

To the Minister of Health

We recommend that Alberta Mental Health Services review its service delivery to ensure that mental health care is available on a home care (outreach) basis for older people with mental disorders who can be cared for in their own homes.

RECOMMENDATION 8

To the Minister of Health

We recommend that the Alberta Alcohol and Drug Abuse Commission develop programs for older Albertans with substance abuse problems.

Dementia – adequate assessment, treatment and care services for older people with this condition

Among the mental disorders common to people in the later years of life, dementia is the most disabling. It is estimated that about 10 percent of the senior population suffers from mild to moderate dementia and five percent from severe dementia. The incidence of dementia increases with increasing age, and it is believed that about 20 percent of the population age 80 and over may be so affected. [2]

Dementia causes much suffering for older victims and their families, and is a major cause of institutionalization. In a survey carried out in Edmonton between 1983 and 1986, it was found that 69 percent of the sample of 199 institutionalized older persons had mild to severe cognitive impairment. [3]

There are a variety of causes of dementia. It is not part of normal aging, as is so commonly believed. The best-known of the causes is Alzheimer's Disease. It is important that all older people who appear to be suffering from some form of dementia receive expert assessment. In many instances confusion in elderly persons is caused by physical illness, inappropriate medication, malnutrition or depression. With appropriate treatment, the confusion often clears up. It is essential that reversible conditions be determined early and treatment begun. It is unfortunate that all too often treatable conditions may be misdiagnosed as senility, and effective treatment withheld. Psychogeriatric assessment services should be one component of a geriatric assessment and rehabilitation service (Section II) and are most essential for older persons who appear to be suffering from mental disorders.

For those for whom the condition, after expert assessment, is known to be irreversible, it is essential that the care provided is appropriate. Care in the home is equally as important for older people with mental disorders as it is for older people with physical limitations. The supports for family care providers, discussed earlier, are crucial for the care providers of these older people.

We have suggested in the past that the staff of Regional Mental Health Services should work closely with the Coordinated Home Care Program and also with community health nurses. Recommendation seven, related to outreach services, stresses the need for home-delivered mental health services. Outreach to families who may be struggling with this problem is essential. As a first step, attachment of a mental health

worker with training in gerontology to the home care program in one or two health units is needed for a comprehensive assessment service to this group of elderly persons. In addition, it would be most effective if all Alberta Mental Health regions could provide psychogeriatric assessment resources.

The continued development of small special units in institutional facilities is important. In this way these elderly persons can have a program and an environment designed to meet their needs.

More community-based arrangements, such as small group homes, should be explored. Day programs are also essential, particularly for respite for caregivers.

It is unfortunate that we have little Alberta-based information about the incidence of dementia in the older population living in the community. Much more detailed study should be done, for such information is most necessary for planning appropriate services.

RECOMMENDATION 9

To the Minister of Health

We recommend the following in regard to older persons with dementia:

- That a study on the prevalence of dementia in elderly persons living in the community be carried out, in conjunction with any federal initiatives;

- That psychogeriatric assessment resources should be developed in all mental health regions;

- That consideration be given to the development of small group homes as one care alternative for older people with dementia.

Guardianship and trusteeship

Legislation providing for the protection of dependent adults came into being in Alberta in the late 1970s. The Dependent Adults Act, passed in 1976 and proclaimed in 1978, makes it possible for persons who have been judged by the court to be unable to care for themselves and continuously unable to make personal or financial decisions to have a guardian and trustee appointed to look after their best interests. The act allows for the appointment of full or partial guardianship as well as trusteeship.

If there is no family member or individual who is willing, able and suitable to make application for a person, the Public Guardian and/or the Public Trustee will make the application. The Public Guardian is with Alberta Social Services, and the Public Trustee is with the Alberta Attorney General's Department. The majority of the persons who are affected by guardianship/trusteeship are older adults and are under the guardianship of private individuals.

At the present time, assessing incompetency and the need for guardianship is not always done in a consistent or adequate way. Guardianship is initiated on the basis of a short form completed either by a physician or a psychologist who may not be aware of the implications of guardianship and who may have little understanding or skill in assessing mental competence in an older adult.

When a private application is made for the appointment of a guardian and/or trustee for an

individual, the court may assume that the situation has been reviewed by the staff of the Office of the Public Guardian/Public Trustee. In these private situations, which are 85 per cent of all new applications, the offices are served with the application documents. However, neither office has the clear legislative mandate to review these applications for adequacy of information or the suitability of the proposed guardianship/trusteeship.

Each guardianship/trusteeship order always contains a relevant review date. The Act does provide that a review must be done at a maximum of every six years. It is the responsibility of the private guardian/trustee to initiate this review. It is not done by the court and, although reminders may be sent by the public guardian/trustee offices, it would be highly unusual for these offices to initiate a review if it is overdue.

It would be in the best interest of older dependent adults whose circumstances can change, if the legislation and policy could be clearer in regard to the review process.

The Office of the Public Guardian has no medical consultation available for the purpose of reviewing incompetency decisions, although guardianship proceedings are most often initiated on the basis of a form completed by a physician and for medical reasons.

We would like to see some exploration of alternatives to legal guardianship. For example, in Ontario there is enduring power-of-attorney legislation. This makes it possible for an older adult, while still competent, to appoint someone who, if needed, could assume the responsibilities of a guardian/trustee. Furthermore, alternatives to court procedures for the appointment of guardians/trustees should be explored – ways of lessened formality, cost and intrusion.

There have been two major reviews/evaluations of the guardianship program, and another one is presently underway in the Department of Social Services. We are pleased that a subcommittee of the Council has been asked to provide consultation in this review process.

RECOMMENDATION 10

To the Minister of Social Services and to the Alberta Attorney General

We recommend the following concerning guardianship/trusteeship:

- That there be a uniform, comprehensive assessment tool used in the determination of incompetency and the need for guardianship and/or trusteeship, both public and private, in conjunction with the form completed by a physician or psychologist.

  The Alberta Assessment and Placement Instrument (AAPI), which has been developed and is being used in the single point of entry pilot projects, could be used with a slight addition. Consideration could be given to having this assessment procedure carried out by the home care staff. While this would add to their workload, it would not result in the development of a whole new service to carry out this procedure, and the procedure would be linked with a community-based service which is aware of available and appropriate resources;

- That the form used for the certification of incompetency be much more specific and detailed, stating what the physician or psychologist observes directly, as well as what has been reported by another individual such as a

professional or family member;

- That the office of the public guardian have medical consultation available to it;
- That alternatives to legal guardianship/trusteeship, such as enduring power-of-attorney legislation, be explored;
- That consideration be given to examining ways of appointing guardians/trustees other than through court procedures, in order to find a means with lessened formality, cost and intrusion.

Older people of various ethnic backgrounds

Three events in the past two years have focused attention on the fact that Canada and Alberta have culturally diverse senior citizen populations. In 1981, over half the senior population in Alberta came from a background other than British. The first was the publication by Alberta Culture, in 1986, of a guide, *Understanding Seniors and Culture*. The second was the establishment of the Alberta Multicultural Commission by the legislature of the province in 1988. The third was a national workshop, held in February 1988, on "ethnicity and aging."

In addition, as of June 1988, amendments to the Immigration Act allow immigrants with three-years residency in Canada the same right that citizens enjoy, that is to sponsor parents to come to Canada. All newcomers must meet health and security standards, and the sponsor must have financial resources sufficient to care for the proposed immigrant for up to two years, depending on the circumstances.

We have prepared a background paper which summarizes major issues in relation to older people from various ethnic backgrounds. This paper can be obtained from the Alberta Senior Citizens Secretariat.

The Alberta Senior Citizens Secretariat could provide ethnic organizations in the province with information such as the *The Fact Sheet* and encourage them to translate important items for their seniors or provide such information on request.

RECOMMENDATION 11

To the Minister of Culture and Multiculturalism

We recommend that the Alberta Multiculturalism Commission incorporate the following in its program:

- That ethnic groups be encouraged to develop programs which are relevant to the needs/concerns of their seniors;
- That schools and other groups use ethnic seniors as guest speakers and guest teachers to explain the richness of their individual cultures, in this way contributing to the preservation of their heritage.

RECOMMENDATION 12

To the Minister of Health and the Minister Responsible for Housing

We recommend that agencies working with seniors, including nursing homes, lodges, seniors' residences and home care, recruit volunteers among members of ethnic groups who can be available as translators.

RECOMMENDATION 13

To all Government Ministers Responsible for Programs for Seniors

We recommend that all government departments with programs for seniors be encouraged to provide ethnic organizations in the province with relevant publications. This would assist the organizations in presenting this information in the language which can best be understood.

Older Native people

Although older Natives represent a small percentage of Alberta's senior population, they have much to offer us. Many of them are seen as counsellors or elders, contributing to the governing of their communities, to family life and to the transmission of Native culture.

There is great diversity among Native older people. Some are Treaty Indians, living on or off the reserves. Others are Metis, some of whom, but not all, are living in settlements. The Indian bands and the Metis settlements vary greatly in terms of their resources and in terms of their needs.

However, in general, older Natives, as well as their younger peers, face problems relating to the provision of appropriate health and social services. A paper, "Issues Affecting Native Seniors," prepared for and available from the Alberta Senior Citizens Secretariat, details some of these problems.

We feel strongly that our role is to assist older Native people and the Native communities in developing positive ways of coping with the situations facing their older populations and that, in order to accomplish this effectively, we need to have ongoing communication with older Natives. A standing subcommittee of the Council will be created to work with older representatives from the Native community.

Older mentally handicapped persons

If we are successful in maintaining young and middle-aged mentally handicapped persons in society, we need to develop plans and strategies to keep them there when they are old. Otherwise de-institutionalization is merely going to be an interval of community living for them.

More and more of these individuals are living into the later years of life. However, there is, to date, little information about these elderly persons. We know little about how they socialize, and how they are accepted by their peers in various social settings. It appears that mentally handicapped people fail in the community because of a combination of socially inappropriate behavior and a lack of support systems that help in the development of appropriate social skills. It is important, therefore, to evaluate the effectiveness and appropriateness of the present services in terms of social, home living and leisure activities for these older persons. In addition, the mental and physical states of these older persons need to be monitored to see if functioning can be improved or maintained.

Operating in Lethbridge for physically handicapped persons as well as for mentally handi-

capped persons, the Tenant Support Service (TSS) is an example of a program that has been developed to fill the gap between institutional care and the current home care program. This service releases expensive hospital beds that would otherwise be occupied by people with social/personal needs rather than medical needs. It also provides the individual with greater control over his or her life, and changes the role of the professional to one of supporting the individual in the decision-making process.

The service, which is funded by Alberta Social Services and operated by voluntary agencies, provides clients with an assessed number of hours per week of personal care, homemaker services and/or skill training so that they can take over part of their own care. Clients are involved in interviewing and selecting their support service staff. This service needs to be evaluated at the point of client participation and expanded, if necessary, to include elderly persons who are mentally and or physically disabled and currently institutionalized in nursing homes and auxiliary hospitals.

RECOMMENDATION 14

To the Minister of Social Services

We recommend that those institutions discharging older handicapped persons to community living consider the following:

- That each discharge be carefully planned and monitored;
- That there be skill training before people are discharged, and that this skill training be continued after discharge along with some form of ongoing contact with the older person;
- Discharges should be withheld until safe and secure plans have been developed; furthermore it is essential that attention be paid to social integration and quality of life in developing discharge plans.

SECTION II

THE PROVISION OF HEALTH CARE AND LONG-TERM CARE (CONTINUING) SERVICES FOR OLDER PERSONS

Attitudes and action – how are we helping our older people?

> *An attitude of benevolent paternalism on the part of the public and professionals encourages premature institutionalization and discourages the elderly from exercising their option to remain in the community, particularly when this involves personal risk. Attitudes must change so that the elderly are treated with the same dignity and respect that are afforded to those in other age groups.*[4]

The above quotation expresses eloquently a very real problem that older people face. When older people develop some dependencies and require some assistance, even just to carry out a few of the tasks of daily living, they are often viewed and treated like children. Decisions are made for them because of an assumption that older people are not able or do not want to take this responsibility. The common belief appears to be that the best and safest route for an older individual is a move into an institution where care will be provided by "professionals."

In fact, it is often assumed that once a person reaches a certain age, for example age 80 and over, a move to an institution is best whether or not assistance is needed. It is believed that the most effective way to help people who reach an advanced age is to put them in a safe place where someone will "take care of them" – a place where, it is believed, there will be less risk or stress.

Coupled with this is the mistaken belief that all older people are lonely, especially if they are living alone, and that living with other older people in an institution – even sharing the same room – will provide them with the necessary social contacts. This in spite of the fact that few older people, once they make this move, have any control over a room-sharing decision nor are they always allowed to have a choice as to the persons with whom they must share.

Older people may be managing quite well in their own homes or apartments, with or without some help. For example, some may be managing on the home care program. However, family or professionals believe that as the seniors age this will not continue. To be safe, their names must be placed on a waiting list for an institution. The older person is told, "you must get your name on the waiting list now to ensure that you will have the bed when you need it." Sometimes when there is a bed available, the older person is encouraged to take it whether or not such care is

needed, as a precautionary step. In this way, some older people lose their independence and autonomy by entering institutions needlessly.

An older person's name may be placed on more than one waiting list just to make sure a bed will be available when needed. This results in what can be called a "false need" for institutional long-term care beds, and waiting lists are built up with the names of people who, it is believed, may need some help in the future. Once the beds are built there are unavoidable economic pressures to keep them filled, and pressures on the existing institutions to expand.

It is recognized that, for some older people, institutional care is the most appropriate and most satisfactory arrangement. However, for many it is not. Contacts with older people, both through experience and research, have shown that the vast majority of seniors who develop some dependencies want "assisted independence." They want to be in living situations that provide security along with privacy and that allow for as much control over their lives as possible. The latter is most important. Lack of control over one's life has negative effects on emotional, physical and behavioral well-being. [5]

Why then is this paternalistic attitude continued? Why do we continue to assume, for the most part, that institutional living is the safest and best alternative for older persons with some dependencies?

There are several reasons.

In part it is because we do not understand that older people, as mature adults, have the right to take reasonable risks. As the Canadian Medical Association report states:

> *The mentally competent elderly should be as free to opt for risk or safety as are the rest of us. Like their younger counterparts, they should not be forced into institutions simply to protect them from the risks they choose to run in caring for themselves.* [6]

In part it is because we do not know enough about normal aging and the real needs of elderly persons. Old age is viewed as illness, and it is felt that only health professionals can adequately care for them. We are unsure of our responsibilities and of our ability to provide adequate care in the community – outside of an institution. Sometimes family members pressure each other "to do something." Placing older people in an institution is our safe response to this dilemma.

In part it is because it is easier and less complicated to go for the institutional solution than to face the more complex task of locating needed services in the community.

Many people still do not know about community care services or lack confidence in them. Community care services are still relatively new in this province, and they are limited in comparison with institutional services. For example, the Co-ordinated Home Care Program did not start until 1978 while the Nursing Home Program started in the 1960s, and the first lodges were built in 1959.

Community care services still receive a very small proportion of the total funding which is provided for health care. According to the report of the Committee on Long-Term Care Services for Senior Citizens, in 1985/86 only 2.7 per cent of the health care expenditures for seniors went for community-based services. [7]

Therefore, the beliefs about aging and the lack of resources, knowledge about and confidence in community care cause some people to move into institutions before community care is tried to any great extent or many times without even considering it.

We need to ask ourselves several questions:

Do we really believe that all older people receive **better** care in institutions and therefore are best off in them?

Why do we have so little confidence in community care and distribute the majority of our resources in the direction of institutions?

Why are we so unimaginative in providing alternatives to institutional care for people who require some assistance?

The answer is that all of us, those who are younger and those who are older, need to rethink what we believe about growing old. We need to rethink our approach to assisting older people.

There are many ways in which older people can be assisted to live more independently, even people who need a good deal of assistance. And in almost every instance this can be done at considerably less cost than equivalent assistance in an institutional setting and, more importantly, provide greater life satisfaction, greater autonomy, for the individual.

Planning for care should include an examination of community services and ways to inform older people and their families about these services. We need to be sure that people know about the options for care in the community and encourage them to explore these options. It is not adequate to just take a tour of the closest nursing home.

Much more effective use could be made of housing – housing with some support services – and of new technology to provide security along with independence and autonomy for older people in need of assistance.

There are more ways in which we can assist family members who wish to help, whether spouses or adult children. At the present time, family members are understandably fearful of relying on community care for older relatives. Education, information and counselling, emotional support, homemaker help, day programs, home visits by health professionals are all important as well as access to respite care. Respite care can be provided in the home by homemakers or companions, in day programs and in institutions. Relatives do need an occasional break from caring. Even something as simple as encouraging employers to look at ways of helping employees develop work schedules which would enable them to assist older relatives could be encouraged. We need also to devise acceptable community support systems for those older people who do not have family support, but who can remain in the community with a little assistance.

We need to look at the needs of individuals, not just the needs of service agencies and professionals. Information from the single point of entry pilot project in the Foothills Health Unit area is showing that with a comprehensive review of an individual's needs and support from home care, people at nursing home and even auxiliary hospital level can remain at home.

For example,

> *Mrs. A. is an extremely frail 97-year-old lady who lives with her husband in their own home. She has a bone disease, swelling, phlebitis and inflammation of the eyes. He also is elderly and frail but he is more able to manage shopping, banking, medication supervision, meal preparation and laundry. Mrs. A. has general weakness, forgets to take her medicine and at times wanders away from home.*
>
> *Home care provides personal care once a week, homemaking twice weekly, and weekly nursing visits. Respite services are provided so that Mr. A. can get out and do necessary*

errands by himself. The cost of providing the necessary home care services to Mrs. A. is $629/month.

Mr. and Mrs. A. receive meals-on-wheels five days a week. The visit from the volunteers is as important to them as the meal. They have no family but friends from their church are very good to them, driving them to appointments and visiting often. Their home is equipped with aids for bathing, provided by the Alberta Aids to Daily Living Program.

Both Mr. and Mrs. A. are adamant about staying in their own home. With services provided by home care and with support from friends, this desire is possible. [8]

If both Mr. and Mrs. A. moved to a nursing home, the cost for their care, in public dollars, would be about $2,400 a month. But, and this is of even greater value than the cost avoidance factor, Mr. and Mrs. A. have the satisfaction of being in their own home and feeling in greater control of their lives – feeling that they are still contributing to each other and to their community.

Mr. and Mrs. A. are just one of the families being assisted in this way by the Foothills Health Unit. This demonstrates how people can be helped – if we wish to do so – if we sincerely believe that older people should have a choice.

In summary, we need to examine our attitudes toward aging and older people. We need more education about aging and more information about services for the general public. We need more creativity and experimentation in our approach to providing support for older people who need assistance. The simple alternatives of lodges, nursing homes and auxiliary hospitals are no longer adequate in themselves. Present and future generations of seniors will be looking for, and expecting, new approaches. We must start moving now, for in doing so we will be developing the climate that we will encounter in our own old age.

Synopsis of the Presentation to the Premier's Commission on Future Health Care for Albertans

This presentation, given on November 18, 1988 by our Council to the Commission, is based on our brief submitted in June 1988. A few changes were made as a result of our study of issues during the summer and fall of 1988 and the reorganization of government departments. The directions in this presentation represent our recommendations to the Minister of Health concerning health and support services for older people in Alberta.

Throughout this presentation we have used the term "continuing care" rather than "long-term care." We believe that "continuing care" is more acceptable to seniors, for the services included are used for short as well as for longer periods of time.

Canada and Alberta offer their citizens a wide range of health services and, for Canada as a whole, at a lower percentage of the gross national product than that consumed by health services in the United States.

However, Alberta has:

- more hospital beds;
- more admissions;
- more patient days in hospitals than other provinces, and
- ***the cost per capita is the highest in the country.***

Why do we institutionalize so many older per-

sons compared with the United Kingdom and the United States?

Elderly persons are institutionalized probably because beds are available, and community services are not.

As figure 1 shows, in 1985/86, 92 per cent of the expenditures for continuing care services in Alberta were for care in institutions.

Yet older people wish to live in the community, and future generations of older people will have:

- different expectations;
- better health;
- more disposable income.

We need more effective use of resources in the future, not more resources.

We need to determine priorities in health care. Do we want:

- high technology medical care or health promotion;
- hotel-model custodial care for elderly persons or restorative care and community/family support.

If we continue on our present course, there will be a great increase in expenditure on institutional continuing care, that is nursing homes and auxiliary hospitals.

If we continue to build institutional beds on the basis of the current bed planning guidelines of 45 nursing home beds and 25 auxiliary beds per 1,000 persons age 65 and over, we will need 1,797 nursing home beds and 999 auxiliary beds by the year 1996.

It cost $60,000 to construct a nursing home bed and $81,250 to construct an auxiliary hospital bed in 1985/86. The public funding for operating support was $36 to $39 a day for a nursing home patient and an average of $110 a day for an auxiliary hospital patient.

The additional cost of these beds in 1985/86 dollars would be:

- $189 million in capital expenditures and $65 million **annually** in operating expenditures (when all these beds are in operation). [9]

Therefore, we must look at ways of making more effective use of our human and fiscal resources in the future, along with providing support and care for older people in a way that enhances their autonomy and control as well as their sense of belonging.

The goals of health care for older people should be to:

- maintain good health with autonomy and control;
- reduce admissions to hospitals and institutions;
- improve the quality of life of persons in institutions.

Looking at ACUTE CARE HOSPITALS, there is a need to:

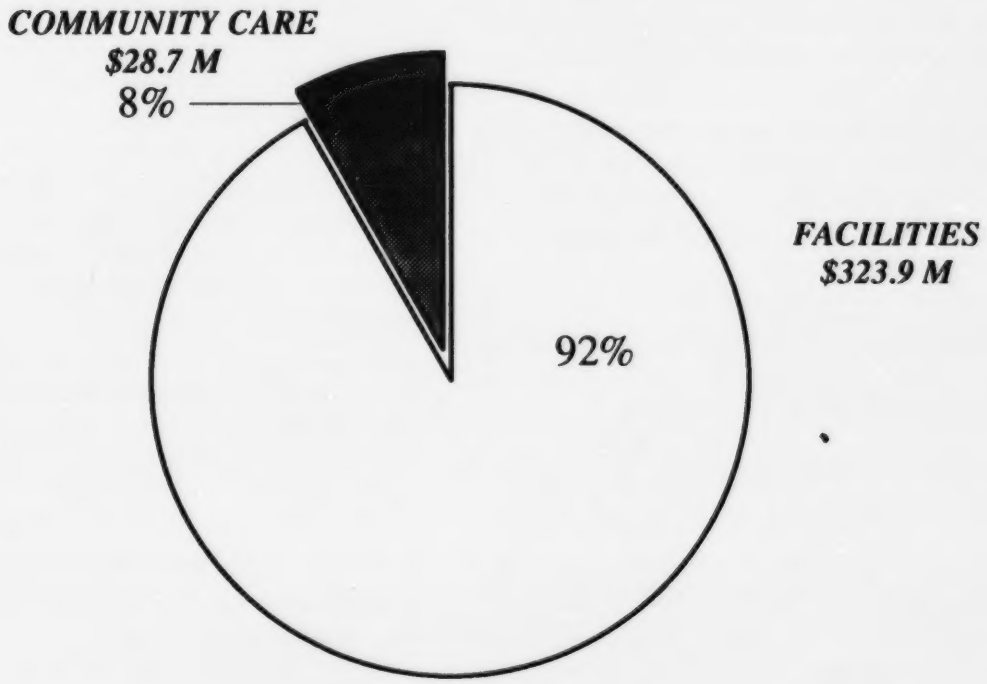
- improve assessment;
- focus on activation;
- maintain and/or restore the functioning of older patients;
- emphasize discharge planning.

We support the recommendation in the report of the Committee on Long-Term Care for Senior Citizens for the development of a Quick Response Team, which by providing greatly enhanced home care services could avoid admission to acute care for some older persons.

Figure 1

TOTAL PUBLIC OPERATING EXPENDITURES

LONG-TERM CARE SERVICES, 1985/86 ($352.6 million)



The budget estimates for facilities include the operating expenditures for nursing homes, auxiliary hospitals, the three extended care centres operated by Mental Health Services (Community and Occupational Health), the total operating deficit for the lodges, and the subsidy for the unique homes (Municipal Affairs–Housing Division).

Community care expenditures include the expenditures for the Coordinated Home Care Program, and for day care and day hospitals.

Capital expenditures for facilities are NOT included.

Also not included are the Family and Community Support Services expenditures on support services; these are difficult to estimate (the estimate was $2 million in 1983/84), and many are not provided on a long-term basis.

CONTINUING CARE (LONG-TERM CARE) FACILITIES need to emphasize:

- rehabilitation;
- the development of daily living skills;
- discharge planning;
- palliative care.

CONTINUING CARE COMMUNITY PROGRAMS (HOME CARE) AND CONTINUING CARE INSTITUTIONS should have some support systems, either in the facility or in the community, to meet the needs of special groups such as:

- persons who are mentally and/or physically handicapped;
- persons with dementia;
- stroke patients.

All programs should emphasize:

- supports for family caregivers;
- early discharge.

We strongly support the recommendation of the Committee on Long-Term Care for Senior Citizens which proposes a Regional Assessment and Placement Committee to oversee a "single-point-of-entry" to all continuing care services (community and institutional).

We are suggesting that these regional committees (which are not legal entities) be under the auspices of the 27 health units. Representatives of all the continuing care services and senior and other consumer groups would form the committee. The committee must have autonomy and operate under clear provincial guidelines in order to ensure consistency throughout the province in the continuing care system.

These committees, in addition to being responsible for the assessment and placement services, could be responsible for community continuing care or home care.

Home care would provide the single point of entry; in other words, it would be the first point of contact for those who need assistance.

Home care must provide more non-medical services. It must be expanded so that it serves as a "one-stop service" – a unified medical/social/protective service.

Home care must be funded at a level equal to institutional care.

It is suggested that persons requiring community care should be classified by the level of care needed, relating as closely as possible to the institutional classification system following comprehensive assessment. If community placement is appropriate, home care should have a level of funding which enables it to provide services up to, or equal to, what it would cost in public dollars to care for the person in an institution.

As much as possible, recipients of community care should be treated equitably with the recipients of institutional care.

The health units would also provide seniors' wellness programs and health promotion programs for older people. Prevention of disabling conditions and early and effective intervention are crucial.

Figure 2 gives a picture of the relationship which can be developed among the various services.

We believe that, in the long run, our suggestion will strengthen health unit services and boards. Health units have a great potential, and it is hoped that the Commission will examine and revise the process of appointing members to the boards and, as well, examine the administration of the health units. It is crucial that the health units be strong, well-informed and able to oper-

ate truly effective preventive health services and community care.

Housing policies and zoning regulations should support family caregivers. We believe that these should be reviewed to make it easier for families to modify their homes or have garden suites to accommodate elderly relatives (see recommendation six in this report).

Consideration could be given to the possibility of supporting family caregivers in various ways, perhaps through tax concessions or forms of direct payments for those in need, either to the older individual or to the caring relative (see recommendation four).

There are SPECIAL GROUPS with needs:

- older mentally/physically disabled persons; for them, quality of life and social integration are important;
- older people with mental disorders, in particular dementia; for them, assessment services, day programs and small group homes should be considered;
- older Native people; for them, there is a need to develop on-reserve culturally-appropriate facilities.

AS THE PHYSICIAN OFTEN BECOMES A CENTRAL FIGURE IN THE LIVES OF OLDER PEOPLE, there is a need for education in gerontology/geriatrics in undergraduate, postgraduate, and continuing education programs for medical practitioners.

The present schedule of fees drives the utilization of medical services toward financially rewarding procedures. There are few incentives to encourage physicians to provide care in the least costly settings. There is no reward for active health promotion rather than disease treatment, and no mechanism to encourage HOME VISITS.

It is essential to continue to develop SPECIALIZED GERIATRIC ASSESSMENT SERVICES in the major centres; it would be advantageous for these services to be connected with the university medical and other health professional faculties. They would utilize the services of many health professionals in a multidisciplinary approach.

It will be important to monitor population movement. There appears to be a trend toward the movement of older people into the smaller urban settings. In time, regional geriatric services should be developed, with consultation teams available to rural areas. Also, use could be made of technology to provide consultation to very remote areas.

We need to develop an integrated system of care that is community and family-oriented with:

- the Department of Health;
- a Division of Continuing Care.

We are pleased that, since we made this recommendation, a Minister of Health has been appointed and Community Health and Hospitals and Medical Care are now in one department. The objective of a division of continuing care is to link community and institutional services.

EDUCATION ABOUT AGING IS ESSENTIAL, and research and development are crucial. Our concerns related to these topics are discussed in Sections I and III.

Meeting the needs of the elderly is one of the major challenges facing our health services. It is an area ripe for initiatives and innovations. Alberta has done much to date and can, in the future, provide leadership in meeting the challenges and opportunities of an aging population.

Figure 2

DIVISION OF CONTINUING CARE

* Formerly Auxiliary Hospitals and Nursing Homes

The family physician, an important member of the team, is involved with a number of the above services as well as acute care hospitals and assessment centres.

Geriatric Assessment Centres

Active Treatment Hospitals

SECTION III

RESEARCH ON AGING

Since the year 1984/85, a portion of the grant funding available from the Alberta Senior Citizens Secretariat has been devoted to the funding of grants-in-aid of research on aging. Since the beginning of this program, the Council has been actively involved in developing the guidelines for the program, reviewing applications and making recommendations to the Minister of Social Services regarding funding. In addition, applications are reviewed by three independent reviewers with expertise in gerontological research.

The purpose of the research program is to stimulate and promote the advancement of knowledge about aging and older people in order to apply such knowledge to improving the quality of people's lives. Priority is given to research proposals relating to the social, psychological and environmental aspects of aging. Final reports are available from the Alberta Senior Citizens Secretariat for those studies which have been completed, and interim information is available on those in progress.

The Council has been particularly concerned that information from these research studies be shared, particularly with those planning and delivering services for and with older people. Researchers are asked to indicate in their reports the relevance of their research to the everyday lives of older people. In the future an even greater effort will be made to distribute this information, so that, to the greatest extent possible, research results are translated into practice. The Council's first initiative will be the holding of a one-day workshop, during Senior Citizens Week in 1989, to feature some of the research projects which have been funded.

It is of concern to us that a major provider of research funds in Alberta, the Alberta Heritage Foundation for Medical Research, funds only basic research. While such research is important and must be supported, expenditures and efforts in applied research, which relates more directly to the lives of older people, lag behind and require considerable development. We would urge that the objectives of the foundation be expanded so that it may cover a wider range of research concerns.

Research projects funded on recommendation of the Council include the following:

Investigation of learning abilities after stroke

Dr. Donald Bakal of the Department of Psychology, Foothills Hospital in Calgary: two grants to develop computer software to assist in the assessment and rehabilitation of older patients with strokes.

The feasibility of developing shared housing for seniors in Calgary

The Lutheran Welfare Society of Calgary: a

grant to research the interest in, and design the program components for, a shared housing project for older women.

Cognitive declines in dementia, normal and abnormal changes in the cognitive abilities of the aged population

Professors Allen Dobbs and Brendan Rule of the Department of Psychology, University of Alberta: three grants to work on changes in memory and learning that accompany dementia and, as well, the design and program needs of older persons with this condition.

Evaluation of a structured program for families of seniors

Grandview Extended Care Centre, Edmonton: a grant to investigate the value of structured orientation programs for families of seniors residing in the auxiliary hospital and whether or not such sessions enhance the care provided and the quality of life of the older persons.

Needs assessment of the senior population in the Peace River region

The Peace River Health Unit: a grant to assist in the funding of a needs assessment survey of the senior population in the Peace region.

A study of taste perception and dietary intake of elderly Albertans

Professors Zenia Hawrysh and Margaret Gee of the Department of Foods and Nutrition, Faculty of Home Economics, University of Alberta: a grant to gather information on the taste perception and dietary intake of older persons, 70 years of age and over, as compared with a group of younger people.

The influence of social experience on the learning of senior adults and college students

Professor Nancy Hurlbut of the Department of Family Studies, Faculty of Home Economics, University of Alberta: a grant to investigate how age and one environmental factor (stereotypes) influence both the elderly's evaluation of their learning and their actual performance.

Factors which may predict the institutionalization of Alzheimer's patients

Professor Norah Keating of the Department of Family Studies, Faculty of Home Economics, University of Alberta, and Professor Sharon Warren, Faculty of Rehabilitation Medicine, University of Alberta: a grant to look at the characteristics and circumstances of persons with Alzheimer's disease and their caregivers which might predict whether a patient is institutionalized relatively soon after diagnosis, or maintained for several years in the home of a caregiving relative.

Problems of South Asian seniors living in Calgary

Professor Matthew Zachariah of the Faculty of Education, Department of Educational Policy and Administrative Studies, University of Calgary: a grant to determine how elderly immigrants of South Asian origin satisfy their needs and interests in the new culture of Canada and what problems they face, and to investigate family and other support systems for older people of this origin.

Validation of musical movement (exercise), occupational therapy and social therapy for the elderly

Professor Christopher Armstrong-Esther of the School of Nursing, University of Lethbridge: a grant to investigate the value of exercise (musical movement) activity, social activity and occupational therapy for lodge and nursing home residents.

A study of volunteers using the Facts on Aging Quiz

Dr. John R. Minnis of the Department of Sociology, Athabasca University: a grant to provide further Canadian documentation on the Facts of Aging Quiz, a well-known instrument designed to elicit factual knowledge on aging, and to discover the level of knowledge on aging possessed by a sample of volunteers who have worked closely with elderly persons for one year or more.

Trends in the mortality of aging Canadians

Professor Frank Trovato of the Department of Sociology, University of Alberta: a grant to study trends in the major causes of mortality of middle-aged and aging Albertans and other Canadians.

A study of the health and fitness of Alberta Senior Games participants

Professors Ann Conger and Sandra O'Brien of the Department of Physical Education and Sports Studies, University of Alberta: a grant to investigate the physical fitness status of active older adults, namely the participants in the Alberta Senior Games.

The television experience of a group of confined elderly: a new challenge for community development

Nan MacLeod-Engel, a graduate student in the Faculty of Nursing, University of Alberta: a grant to study the meaning of television watching among elderly persons confined to a long-term care facility.

The role of life events and causal attributions in geriatric depression

David Senesh, a graduate student, and Professor P.S. Fry of the Department of Educational Psychology, University of Calgary: a grant to look at the role of life events and feelings of control over the life events in their relationship to depression in the later years of life.

Effectiveness of memory testing in elderly people with memory problems

Professor E.M. Pajurkova and Dr. Gregor Jason, a research fellow, of the Department of Clinical Neurosciences, University of Calgary, and Professor D.F. Read, Department of Psychology, University of Victoria: a grant to explore the effectiveness of new memory tests designed by Professor Read to be used specifically with older people complaining of recent memory loss.

Aging and spatio-temporal integration: the foundation for age-appropriate visual tests

Professor Donald W. Kline of the Department of Psychology, University of Calgary: a grant to develop two experiments designed to evaluate age-related differences in basic visual functions, as well as the impact of such differences in carrying out daily tasks.

A study of the effectiveness of a specialized intermediary exercise program on sedentary seniors

Professor Claudia G. Emes of the Faculty of Physical Education, University of Calgary: a grant to study the effects of a very specialized program of exercise recovery with older people by giving them knowledge and understanding concerning their bodies.

Urinary incontinence in the institutionalized and non-institutionalized elderly

Dr. John R. Higgin, Department of Obstetrics and Gynecology and Dr. Jean Parboosingh, Department of Community Health Science of the Faculty of Medicine, University of Calgary: a grant to determine the prevalence of urinary incontinence in a sample of the institutionalized and non-institutionalized urban elderly; they will investigate frequency of different diagnostic techniques used, the complication rates of the different treatment and management modalities and the cost of supplies, in order to identify the extent of the problem and the adequacy with which the health care system currently deals with the problem.

A prospective study of acute confusion in hospitalized elderly patients

Dr. Kenneth Rockwood, Department of Medi-

cine, Walter C. Mackenzie Health Sciences Centre, University of Alberta: a grant to examine cognitive impairment in a sample of elderly patients admitted to the general medical services of the University of Alberta Hospitals, in particular, the prevalence, causes and prognostic significance of the acute confusional state.

Referrals for problem behavior to a psychogeriatric service

Dr. Kenneth Rockwood (see above): a grant to examine consecutive referrals for problem behavior to a psychogeriatric service (Alberta Hospital, Edmonton) in order to describe the characteristics of this group, to assess variability in terms of cause, types of behavior and treatment, and to determine outcome after a one-year follow-up.

Aging and the law in Alberta

Dr. Janice Dickin McGinnis, Faculty of General Studies, University of Calgary: a grant to study the implications of the Canadian Charter of Rights and Freedoms on universal programs for older people.

The experience of seeking placement

Cheryl Knight, graduate student, Faculty of Nursing, University of Alberta: a grant to study how older people are involved in their placement process and what factors should be considered in helping them adjust to placement in an institution.

Visitation quality of the elderly

Professor Jason Montgomery of the Department of Family Studies, Faculty of Home Economics, University of Alberta: a grant to determine what factors in visiting elderly people who are living in institutions are important in promoting the well-being of the elderly residents, as well as to advance understanding about the characteristics of interactions that lead to satisfaction.

Determinants of coping strategy choice in older persons

Professor B.K. Sinha of the Department of Psychology, University of Alberta: a grant to study the role of stress and social support beliefs about personal control, and physical and psychological health on the choice of coping strategy among the elderly.

Determinants of health care utilization among Alberta's elderly

Professor Patrick A. Hessel of the Department of Health Services Administration and Community Medicine, Faculty of Medicine, University of Alberta: a grant to look at the past health care utilization of people age 65 to 85 by conducting a cross-sectional survey in the Athabasca Health Unit.

FOOTNOTES

[1] Alberta Bureau of Statistics, *Projection Series II*, March 1987.

[2] Canada, Health and Welfare, *Guidelines for Comprehensive Services to Elderly Persons with Psychiatric Disorders* (Ministry of Supplies and Services, Cat. No. H39-120/1988 E 1988), p. 5.

[3] R.C. Bland, S.C. Newman and H. Orn, "Prevalence of Psychiatric Disorders in the Elderly in Edmonton," *Acta psychiatr. scand.* 1988:77 (Suppl. 338): p. 57-63.

[4] Canadian Medical Association, *Health Care for the Elderly: Today's Challenges; Tomorrow's Options*, 1987, p. 8.

[5] Brian F. Hofland, "Autonomy in Long-Term Care: Background Issues and a Programmatic Response," *The Gerontologist*, XXVIII, Suppl. 1988, p. 5.

[6] Canadian Medical Association, *op. cit.*., p. 12.

[7] "A New Vision For Long-Term Care – Meeting the Need." Government of Alberta discussion paper *(Report of the Committee on Long-Term Care for Senior Citizens)*, February 1988, p. 25.

[8] Foothills Health Unit, "Home Care – A Cost-Effective Alternative to In-Patient Extended Care," 1987.

[9] Based on information from "A New Vision for Long-Term Care – Meeting the Need," *op. cit.*, p. 41.

APPENDIX A

Executive Summary
Response of the Provincial Senior Citizens Advisory Council to the Report of the Committee on Long-Term Care for Senior Citizens "A New Vision for Long-Term Care – Meeting the Need"

1988 Report
Provincial Senior Citizens
Advisory Council

EXECUTIVE SUMMARY RESPONSE TO THE COMMITTEE ON LONG-TERM CARE FOR SENIOR CITIZENS

Provincial Senior Citizens Advisory Council

The Council appreciates the work which has been done by the Committee on Long-Term Care for Senior Citizens. We like the "new vision" with the goal of "emphasizing independence and quality of life in a community and family-based environment" and, as well, the nine objectives.

We support most of the recommendations: health promotion for seniors; the implementation of the single point of entry; the expansion of community services; the development of a single long-term care system with a division located in one department; the quick response team; the blending of nursing homes and auxiliary hospitals into long-term care centres with a patient classification system; the lowering of bed guidelines; improved geriatric and gerontological training for those working with seniors.

The ideal for the future would be an all-encompassing Department of Health which would bring together the various long-term care programs under one minister, perhaps with junior ministers or deputy ministers responsible for the various components of health care. One of these components could be long-term care, yet another medical and acute care services, and another community health and yet another occupational health.

However, it is recognized that this may not be possible now. As we support the recommendation in the Mirosh Report for a long-term care division at the provincial level, we are proposing that it, for the interim, be located with the Department of Community and Occupational Health.

Community and Occupational Health now funds home care, community health nursing, Family and Community Support Services and Mental Health Services, so it can support most effectively the "new vision" goal of "independence within a community and family-based environment" as well as the objectives of promoting wellness, increasing volunteer input and promoting public support. Because of its various programs and its philosophical basis, Community and Occupational Health can best carry out the "new vision."

It is recognized that this would be a major change, as Community and Occupational Health would be responsible for the funding for the long-term care centres (nursing homes and auxiliary hospitals) as well as for home care, the community-based long-term care program. We believe, however, that this would lead to what is desired in the "new vision," an inte-

grated system with an emphasis on community-based long-term care.

Our proposal to do this, in the absence of a Department of Health, may give rise to some administrative difficulties, for example, with the funding of long-term care centres that are currently under the administration of general hospital boards. However, it is important to remember that the function of administration and management is to support the delivery of services to client groups rather than to control them. Furthermore, institutions should be the back-up and support to the most important part of long-term care, community care.

We are recommending that the single-point-of-entry be with home care (as in the pilot projects being tested). We would hope that the evaluation of the pilot projects will be taken into consideration before any final decisions are made.

Meanwhile, we are recommending that the Regional Assessment and Placement Committees be tied in with the health unit boards and the boundaries of the health units be used. We are recommending this link with health unit boards as we want to ensure that the single-point-of-entry has a community bias. We do not want the committees linked with a district or hospital board, nor do we want new boards established.

We are proposing that in each health unit home care, as well as the single-point-of-entry, be under the direction of the Regional Assessment and Placement Committee. As recommended in the "new vision," funds should be designated for home care and provincial guidelines established to ensure consistency in service throughout the province. We believe it imperative that senior citizens' organizations be represented on the Regional Assessment and Placement Committees and that the committees include a balance of representation between community and institutional services. The chairmen should be elected from within the committees, not appointed by the minister.

It is recognized that health units may be concerned about this suggested restructuring as these committees **must** have considerable autonomy. However, we believe that it is important that the assessment and placement services be community-based and that, in the long run, our suggestion will strengthen rather than weaken health unit boards and services.

Placing the single-point-of-entry with home care would reduce complexity and do away with the fears of senior citizens' groups who, wrongly or rightly, see in the "new vision" the establishment of a large bureaucracy which would assume responsibility for all services for seniors. Senior citizens know and understand home care and appreciate what it is doing.

It is important that the structures implemented be flexible enough to ensure they are able to respond to the needs of seniors as the system develops.

We strongly support the recommendation that the home care program be expanded, so that it can provide or arrange for community-based long-term care, but believe that this should start immediately. Additionally, home care must have a greater component of social support services (homemakers, counselling, chore services, protective services) and as well the spiritual components of care need to be recognized. Research has shown that people are institutionalized primarily for social, not medical, reasons, and older people and their families need support if we are to have a truly family and community-centered approach to care.

We believe that the mandates of the Provincial

Senior Citizens Advisory Council and the Alberta Senior Citizens Secretariat are much broader than that of long-term care. Therefore, the Member of the Legislature should continue to report through the Minister of Social Services, as well as responding to other appropriate ministers.

Finally, older people have expressed concern about the term "long-term care" as some people need such help for a temporary period only. We are suggesting that the term, "continuing care," be used.

Submitted on
July 17, 1988

APPENDIX B

Provincial Senior Citizens Advisory Council
Statement of Philosophy

Provincial Senior Citizens Advisory Council Statement of Philosophy

The Council believes that old age should be a time of satisfaction and fulfillment.

Like persons of all ages, older persons should be able, within reason, to select their own life-styles, influence and determine their futures, and have an opportunity for meaningful involvement. They should be able to enjoy a sense of security with appropriate health and social services, and be assured of financial and other resources that enable them to share in a rising standard of living. Furthermore, they have a responsibility to be as self-reliant as possible and contribute to the well-being of society.

Even though the later years of life may bring physical and social stress, the Council believes that they can be a time of productivity, growth and self-realization.

To ensure this, four basic directions should form the foundation of government policy, services and their delivery:

1) provision for maximum independence and choice;

2) encouragement of continued participation in family and community life;

3) involvement of senior citizens in the planning, development and assessment of services, i.e. health care; and

4) provision of programs providing education on aging both in educational institutions and in the community.

The Council is convinced that it is in the interest of all people that the positive aspects of aging and old age be stressed. Through programs and policies which encourage activity and contribution, senior citizens can continue to be a vital component of the social fabric of this province.